## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE APPLICANT(S)

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CLAIMS

	AS FILED		AF1 1st AME	TER NDMENT		AFTER 2nd AMENDMENT	
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TOTAL CLAIMS					I		

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80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 TOTAL IND. TOTAL DEP	78						
81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 TOTAL IND. TOTAL DEP	79						
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DEP.	IND.	<b></b>			J <b></b>	<u> </u>	] <b></b>
TOTAL CLAIMS	DEP.			<u> </u>			
	TOTAL CLAIMS					<u> </u>	

 $^\star$  MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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